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NO. 5346 P. 1/4

MAY 18 2005

Atty Docket No. 025911-000600US

PTO FAX NO.: (703) 872-9306

ATTENTION: Group Art Unit 1614

## OFFICIAL COMMUNICATION

### CERTIFICATION OF FACSIMILE TRANSMISSION

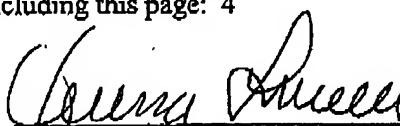
I hereby certify that the following documents in re Application of Timothy Dinan, et al., Application No. 10/797,146, filed March 11, 2004 for COMPOSITIONS AND METHODS FOR THE TREATMENT OF DEPRESSION AND OTHER AFFECTIVE DISORDERS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Transmittal Form (1 page);
2. Statement Under 37 CFR 3.73(b) (1 page); and
3. Revocation of Power of Attorney With New Power of Attorney And Change of Correspondence Address (1 page).

Number of pages being transmitted, including this page: 4

Dated: May 18, 2005

  
\_\_\_\_\_  
Aurora Lowell, Assistant to  
Milan M. Vinnola, Reg. No. 45,979

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY  
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TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, CA 94111-3834  
Telephone: 303-571-4000  
Fax: 303-571-4321  
60492932 v1

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Timothy Dinan, et al.Application No./Patent No.: 10/797,146 Filed/Issue Date: March 11, 2004Entitled: **COMPOSITIONS AND METHODS FOR THE TREATMENT OF DEPRESSION AND OTHER AFFECTIVE DISORDERS**NeuroCure Ltd., a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016025, Frame 0517, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

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 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Milan M. Vinnola  
Signature

May 18, 2005

Date

Milan M. Vinnola

(303) 571-4000

Printed or Typed Name

Telephone Number

Attorney of Record

Title

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MAY 18 2005

PTO/SB/21 (09-04)

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

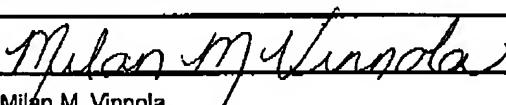
1

Application Number	10/797,146
Filing Date	March 11, 2004
First Named Inventor	Dinan, Timothy
Art Unit	1614
Examiner Name	Not Yet Assigned
Attorney Docket Number	026911-000600US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Revocation of Power of Attorney, New Power of Attorney and Change of Correspondence Address	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Statement Under 37 CFR 3.73(b)		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application				
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

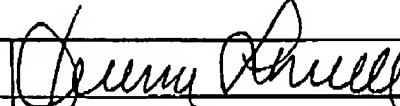
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Milan M. Vinnola		
Date	May 18, 2005	Reg. No.	45,979

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature



Typed or printed name

Aurora Lowell

Date

May 18, 2005

60492852 v1

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/797,146
Filing Date	03/11/04
First Named Inventor	Timothy Dinan
Art Unit	1614
Examiner Name	Not Yet Assigned
Attorney Docket Number	025911-000600US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number: **20350**

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**20350**

**OR**

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Peter J. Daly*

Name

Peter Daly, Ph.D.

Title: Chief Executive Officer

Date

*10 May 2 0705*

Telephone

011-3531-213-0732

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted.